

Iowa Department of Public Health

STD Program

November 1, 2012

Screening* Recommendations for Oropharyngeal and Rectal Gonorrhea and Chlamydia

(*Nucleic Acid Amplification Tests are recommended for initial screening of gonorrhea and chlamydia)

A sexual history of the patient must be taken in order to assess risk and determine the appropriateness of testing.

Testing <u>rectal</u> specimens for <u>gonorrhea</u> (*Neisseria gonorrhoeae*) and <u>chlamydia</u> (*Chlamydia trachomatis*) is recommended when:

• The patient is MSM (man who has sex with men) and has had receptive anal intercourse within the past year, regardless of condom use.

Testing women for gonorrhea and chlamydia at the anorectal site is generally NOT recommended. Women should be screened at urogenital sites as previously recommended. Studies indicate that it is rare for a woman to be infected with gonorrhea or chlamydia *only* at the anorectal site. A very high percentage of women who have an anorectal gonococcal or chlamydial infection are also infected at urogenital sites; therefore gonorrhea and chlamydia will be detected when testing urogenital specimens. Furthermore, anorectal infections in women are not well correlated with reported history of anal intercourse.

Testing oropharyngeal specimens for gonorrhea[†] and is recommended when:

- The patient (male or female**) has performed oral intercourse on a man within the past year.
- The patient has performed oral intercourse on a partner who has tested positive for gonorrhea.

[†]According to CDC's STD Treatment Guidelines, 2010, "[Screening] for *C. trachomatis* pharyngeal infection is not recommended ... The clinical significance and transmissibility of *C. trachomatis* detected at oropharyngeal sites is unclear, and the efficacy of different antibiotic regimens in resolving oropharyngeal chlamydia remains unknown." Because data on oropharyngeal chlamydia are very limited, this test should not be used for the purpose of screening patients for oropharyngeal chlamydial infection.

**Female patients with a history of multiple types of sexual intercourse

If a patient reports a history of <u>multiple types of sexual intercourse</u> (e.g., vaginal, oral, or anal), collecting specimens from multiple sites is <u>unnecessary</u> and <u>not recommended</u>. Anytime a female patient reports vaginal intercourse *in addition* to other types of intercourse, only a urogenital specimen should be collected and screened for gonorrhea and chlamydia. There is no benefit to testing additional sites when the patient reports vaginal intercourse with her partner(s) because if the treatment guidelines are followed correctly, the medications used for urogenital infection will also eradicate the organism(s) from other body sites. Furthermore, *Neisseria gonorrhoeae* and *Chlamydia trachomatis* have the highest affinity for urogenital sites, therefore if a patient has engaged in multiple types of intercourse and been exposed to gonorrhea or chlamydia, a positive result will be obtained from the urogenital specimen.